

Oral Medicine

1- HSV-1 may cause

- a. Herpetic whitlow
- b. Bell's palsy
- c. Erythema multiforme
- d. Keratitis
- e. All the above

2- In immunocompromised patients, intraoral lesion of recurrent labial herpes is characterized by

- a. Vesicles appear mainly on keratinized mucosa
- b. Vesicles appear mainly on non-keratinized mucosa
- c. Small ulcers of 1-5 mm in diameter
- d. Large ulcers of several centimeters
- e. b and d

3- 60 years old patient presented with unilateral pustules on the face and intraoral clusters of vesicles at the same side associated with fever, pain and lymph nodes enlargement. Could be

- a. Herpes simplex 1
- b. Measles
- c. Acute ulcerative necrotizing gingivitis
- d. Herpes zoster
- e. Hand- foot- mouth disease

4- HIV patient presented with single large painful ulcer on the tongue of 3 weeks duration accompanied with gastroenteritis, retinitis, perigenital and perianal skin lesions. Could be

- a. Cytomegalovirus
- b. Varicella zoster virus
- c. Herpes simplex virus
- d. Lupus erythromatosis
- e. Ulcerative oral lichen planus

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5- Measles is

- a. Characterized by koplik's spots located on buccal mucosa at the level of 1st and 2nd molar area 1-2 after onset of disease
- b. Caused by Coxsackie virus A
- c. Caused by paramyxovirus without skin lesions
- d. Characterized by koplik's spots located on buccal mucosa at the level of 1st and 2nd molar area 1-2 before onset of disease
- e. c and d

6- Cauliflower exophytic growth is

- a. Characteristic of verruca vulgaris
- b. Characteristic of proliferative verrucous leukoplakia
- c. Well defined whitish or normal color
- d. Always single oral lesion
- e. Treated by broad spectrum antibiotic

7- The following oral lesions are associated with AIDS patient

- a. Acute ulcerative necrotizing gingivitis
- b. Kaposi's sarcoma
- c. Oral leukoplakia
- d. a and b
- e. a and c

8- The function of ligaments of TMJ is

- a. Forward, backward and lateral movement of the mandible
- b. Limitation of forward, backward and lateral movement of the mandible
- c. Opening and closing the mouth
- d. b and c
- e. a and c

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9- The closing muscles of mandible are

- a. Temporalis, masseter and lateral pterygoid
- b. Temporalis, masseter and medial pterygoid
- c. Temporalis, masseter and geniohyoid
- d. Temporalis, masseter and digastric
- e. Temporalis, digastric and geniohyoid

10- The normal condylar movements are

- a. Rotational movement in the beginning of opening and lateral shift
- b. Translatory or sliding movement in the beginning of opening and lateral shift
- c. Rotational movement at the end to complete opening and lateral shift
- d. b and c
- e. a and b

11- TMJ dysfunction may be due to

- a. Trauma
- b. Malocclusion
- c. Osteoarthritis
- d. Psychologic disturbances
- e. All the above

12- Signs and symptoms of TMJ dysfunction could be

- a. Tenderness of lateral pterygoid muscle when gentle pressure applied superior posterior to maxillary tuberosity
- b. Tenderness of medial pterygoid when gentle pressure applied on medial angle of mandible below retromolar area
- c. Deviation of mandible during movement
- d. Persistent dull pain of TMJ
- e. All the above

13- Anterior mandibular dislocation

- a. Occurs in wide opening of the mandible
- b. Occurs due to shallow eminence and laxity of ligaments
- c. Presented by anterior displacement of the condyle over the tubercular eminence
- d. Managed by downward backward pushing of mandible
- e. All the above

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14- Bruxism and clenching may lead to

- a. Occlusal wear of the teeth
- b. Decreased vertical dimension
- c. Spreading of teeth
- d. Tenderness and fatigue of closing muscles
- e. All the above

15- Anterior disc displacement without reduction is characterized by

- a. The articular disk returns back after closing
- b. Sharp pain due to compression of bilaminar zone between condyle and temporal bone
- c. Always limitation of mandibular movement
- d. Sharp pain due to spasm of lateral pterygoid muscle
- e. Crepitus, locked jaw but not deviation of mandible

16- Extra articular pain in TMJD is

- a. may not be exacerbated by mastication or mandibular movement
- b. Dull pain always exacerbated by mandibular movement
- c. Relieved at rest position
- d. Constant sharp pain
- e. All the above

17- Intra articular pain in TMJD

- a. May occur only during mandibular movement
- b. Is relieved at rest
- c. May be due to arthritis
- d. Is characterized by crepitus
- e. All the above

18- Hyper mobility of mandible

- a. Long term hyper mobility can cause the articular disk to elongate and degenerate
- b. Result in deviation of the jaw away from the affected side
- c. Result in deviation of the jaw toward the affected side
- d. a and b
- e. a and c

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19- Ankylosis of TMJ

- a. Intra-articular (true) ankyloses x ray shows loss of normal bony architecture
- b. Extra-articular (false) ankyloses may be due to enlargement of the coronoid process
- c. Congenital ankyloses may be associated with lateral deviation of the mandible and chin, lower facial asymmetry, retrognathia and micrognathia
- d. Extra-articular ankyloses may be due to depressed fracture of the zygomatic arch
- e. All the above

20- Internal disk derangement can be diagnosed by

- a. MRI
- b. Computed tomography
- c. Panoramic view
- d. Plain x ray
- e. a and b

21- Medications used in treatment of TMJ dysfunction are

- a. NSAIDs for 1 week
- b. NSAIDs for 2 weeks
- c. Muscle relaxant
- d. Topical steroids
- e. b and c

22- Treatment of TMJ dysfunction involves

- a. Occlusal splints to reduce hyperactivity of muscles
- b. Application of moist heat to enhance vasodilatation and quick wash out of waste products
- c. Application of ice bag to reduce the inflammatory exudate which result in a state of relaxation.
- d. Infrared therapy
- e. All the above

23- Surgical treatment of the TMJ is indicated in

- a. Parafunctional contraction of opening muscles
- b. Parafunctional contraction of closing muscles
- c. Painful joint pathology
- d. Internal disk derangement with reduction
- e. Limitation of movement due to pain in lateral pterygoid muscle

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24- Enlarged (palpable) lymph nodes

- a. Always are tender
- b. If non- tender may be cancer
- c. If non-tender means inflammation
- d. If tender means inflammation
- e. b and d

25- Trigeminal neuralgia is

- a. Sharp electrical stabbing bilateral pain
- b. Triggered mainly at the upper molar area
- c. Due to neurovascular compression lead to demyelination of the trigeminal nerve root
- d. Sharp paroxysmal pain without period of remission
- e. None of the above

26- Carbamazapene (tegretol) is

- a. Used in treatment of all types of neuralgia
- b. Given initially as 100 mg then increase 100-200 mg each day
- c. Should not exceed 1200 mg per day
- d. Better when given with baclofen
- e. All the above

27- Burning mouth syndrome

- a. Is unilateral burning pain
- b. Partial remission may occur after 1 year of onset
- c. Nutritional deficiencies do not result in BMS
- d. May result from reactivation of herpes zoster
- e. Best treated with alpha-lipoic acid (600 mg/d) and gabapentin (300 mg/d)

28- Cluster headache

- a. Is unilateral sever pain at the peri-auricular region
- b. Is bilateral sever pain around the eyes
- c. Episodic CH commonly occurs at least once a week at the same time of day or night
- d. Occurs around spring or winter
- e. Is accompanied with ipsilateral autonomic sign

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29- Cranial arteritis

- a. Affects mainly posterior auricular artery
- b. Affects mainly temporal artery
- c. Always ends with blindness
- d. Dose not affect masticatory muscles
- e. Affects mainly young people

30- atypical facial pain is

- a. intermittent sever pain
- b. characterized by trigger zone area
- c. constant dull pain
- d. treated by verapamil
- e. involves maxilla but not mandible

31- Mean corpuscular volume (MCV) is

- a. The measurement of the average size of a single red blood cell
- b. The calculation of the average amount of hemoglobin inside a single red blood cell.
- c. The calculation of the average concentration of hemoglobin inside a single red blood cell.
- d. The measurement of the percentage of a person's total blood volume that consists of red blood cells
- e. None of the above

32- The considerations of taking biopsy are

- a. The specimen should not include area of normal tissue.
- b. Local anaesthesia injection should be near the lesion to prevent pain sensation
- c. Full clinical details should always be given documentary to the pathologist by the report
- d. The cutting diathermy is better than a scalpel
- e. All the above

33- Low hematocrit may be due to

- a. Dehydration
- b. Polycythemia vera
- c. Living in high altitudes
- d. Vit B 12 deficiency
- e. Kidney tumor

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34- In old age patients, there will be

- a. Increase in T lymphocytes
- b. Increase in antibody production
- c. Normal salivary secretion
- d. Decrease in response to acute infections
- e. Decreased taste threshold to sugar and salt

35. Viral infection may cause

- a. Generalized lymphadenopathy
- b. Leukopenia
- c. Lymphocytosis
- d. Fever
- e. All the above

36. Butterfly rash is characteristic of

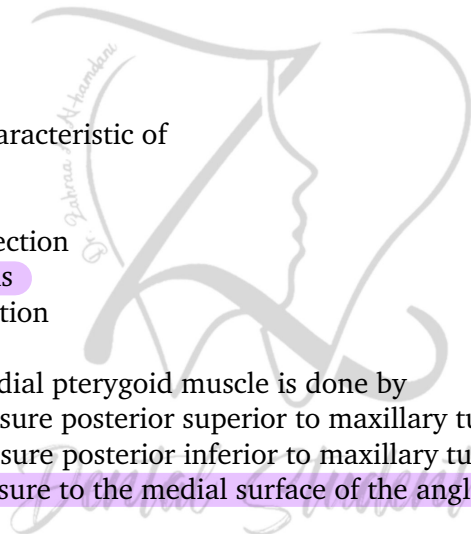
- a. Cushing syndrome
- b. Hippocratic face
- c. Cytomegalovirus infection
- d. Lupus erythromatosis
- e. Varicella zoster infection

37. Examination of medial pterygoid muscle is done by

- a. Applying gentle pressure posterior superior to maxillary tuberosity lateral
- b. Applying gentle pressure posterior inferior to maxillary tuberosity
- c. Applying gentle pressure to the medial surface of the angle of mandible below retromolar area
- d. Applying gentle pressure to the outer surface of the angle of mandible
- e. None of the above

38. Considerations for taking specimen biopsy

- a. local anaesthesia injection should be close to the biopsy site
- b. Diathermy is better than scalpel
- c. Biopsy site should be left without suturing
- d. The specimen should include small area of normal tissue
- e. a and d



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39. Prolonged bleeding time occurs in

- a. Thrombocytopenia
- b. Thrombocytopathy
- c. Taking Aspirin
- d. Bone marrow depression
- e. All the above

40. High hematocrit may be due to

- a. Anemia
- b. Thalassemia
- c. Lung disease
- d. Leukemia
- e. Chronic inflammatory disease

41. Orofacial pain is generated through

- a. Cranial nerves only
- b. Upper roots of C2 and C3 only
- c. Cranial nerves V, VII, IX and X
- d. Cranial nerves V, VII, IX and X upper roots of C2 and C3
- e. None of the above

42. Lymph nodes involvement in squamous cell carcinoma are

- a. Ipsilateral to primary tumor
- b. Bilateral if the tumor near midline
- c. Most commonly the submandibular and sublingual
- d. a and b
- e. a and c

43. Complete blood count is recommended in patients on antiepileptic drugs because they may cause

- a. hypertension
- b. hypotension
- c. Bone marrow depression
- d. Impaired clotting mechanism
- e. a and d

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44. The best treatment of trigeminal neuralgia is

- a. Cryotherapy
- b. Alcohol injection
- c. Baclofen and carbamazepine
- d. Gabapentin for all cases
- e. Ibuprofen

45. Trigger zone on pharynx may indicate

- a. Genuiculate neuralgia
- b. Glossopharyngeal neuralgia
- c. Post herpetic neuralgia
- d. Trigeminal neuralgia
- e. a and b

46. paroxysmal sharp pain in ear, anterior tongue and soft palate may indicate

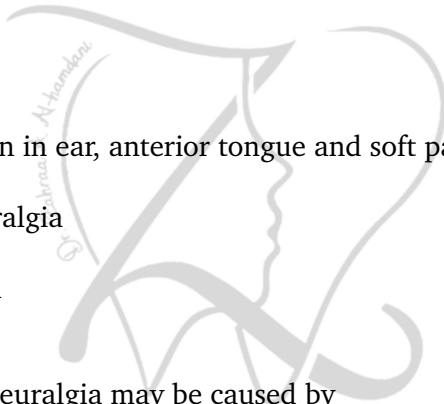
- a. Genuiculate neuralgia
- b. Glossopharyngeal neuralgia
- c. Trigeminal neuralgia
- d. Post herpetic neuralgia
- e. b and d

47. Classical trigeminal neuralgia may be caused by

- a. Multiple sclerosis
- b. Atherosclerosis
- c. Tumor
- d. Compression of cranial nerve root
- e. All the above

48. Herpes zoster infection may cause

- a. Bilateral eruption of vesicles
- b. Genuiculate neuralgia
- c. Glossopharyngeal neuralgia
- d. Post herpetic neuralgia
- e. b and d



Dental Student

Oral Medicine

49. After endodontic treatment, the patient complains of unilateral burning-stabbing facial pain, hyperalgesia, allodynia and paresthesia. The diagnosis could be

- a. Trigeminal neuralgia
- b. Glossopharyngeal neuralgia
- c. Geniculate neuralgia
- d. Painful posttraumatic trigeminal neuropathy
- e. Paroxysmal hemicranias

50. 8 years old child presented with fever, generalized edematous gingivitis, vesicles and painful ulcers on gingiva, tongue and palate with bilateral painful lymph nodes enlargement

- a. Primary herpetic gingivostomatitis
- b. Recurrent labial herpes
- c. Varicella zoster
- d. Measles
- e. Cytomegalovirus

51. In immunocompromised patients, intraoral lesion of recurrent labial herpes is characterized by

- a. Vesicles appear mainly on keratinized mucosa
- b. Vesicles appear mainly on non-keratinized mucosa
- c. Small ulcers of 1-5 mm in diameter
- d. Large ulcers of several centimeters
- e. b and d

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52. The function of ligaments of TM.J is

- a. Forward, backward and lateral movement of the mandible
- b. Limitation of forward, backward and lateral movement of the mandible
- c. Opening and closing the mouth d.
- d. b and e
- e. a and c

53. The normal condylar movements are

- a. Rotational movement in beginning of opening and lateral shift
- b. Translatory or sliding movement in the beginning of opening and lateral shift x
- c. Rotational movement at the end to complete opening and lateral shift
- d. b and c
- e. a and b

54. Extra articular pain in MJD is

- a. may not be exacerbated mastication or by mandibular movement
- b. Dull pain always exacerbated by mandibular movement
- c. Relieved at rest position
- d. Constant sharp pain
- e. All the above

55. HIV patient presented with single large painful ulcer on the tongue of 3 weeks duration accompanied with gastroenteritis, retinitis, perigenital and perianal skin lesions. Could be

- a. Cytomegalovirus
- b. Varicella zoster virus
- c. Herpes simplex virus
- d. Coxacki virus
- e. Paramyxovirus

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56. 30 years old male presented with recurrent oral ulcerations, recurrent genital ulcerations and skin lesions could be

- a. Recurrent labial herpes
- b. Behcet's syndrome
- c. Primary herpetic infection
- d. Cytomegalovirus
- e. Herpes zoster

57. 60 years old patient presented with unilateral pustules on the face and intraoral clusters of vesicles at the same side associated with fever, pain and lymph nodes enlargement. Could be

- a. Herpes simplex 1
- b. Measles
- c. Acute ulcerative necrotizing gingivitis
- d. Herpes zoster
- e. Hand- foot- mouth disease

58. Measles is

- a. Characterized by koplik's spots located on buccal mucosa at the level of 1" and 2"d after onset of disease molar area 1-2 d as
- b. Caused by Cocksackie virus A
- c. Caused by paramyxovirus without skin lesions
- d. Characterized by koplik's spots located on buccal mucosa at the level of 1" and 20d molar area 1-2 days before onset of disease
- e. c and d

59. Anterior disc displacement without reduction is characterized by

- a. The articular disk returns back after closing
- b. Sharp pain due to compression of bilaminar zone between condyle and temporal bone
- c. Always limitation of mandibular movement
- d. Sharp pain due to spasm of lateral pterygoid muscle
- e. Crepitus, locked jaw but deviation of mandible

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60. Acute necrotizing ulcerative gingivitis

- a. Occurs on interdental papillae with ulcers
- b. Occurs on attached gingiva with ulcers
- c. Extremely painful gingiva
- d. Occurs on dorsal surface of the tongue
- e. May be caused by cytomegalovirus

61. Cancrum oris (Noma) is

- a. Caused by bacterial toxins that destroy bone, teeth and soft tissue
- b. Affecting mainly immunocompromised patients
- c. Treated by aggressive treatment, antibiotics, nutritional supplements and tissue debridement
- d. Affecting mainly malnourished and neutropenic subjects
- e. All the above

62. Traumatic ulcer

- a. Is well circumscribed with red or white-yellow surface
- b. Is irregular with red or white-yellow surface
- c. May be due to viral infection
- d. May be due to bacterial infection
- e. a and d

63. Internal disk derangement can be diagnosed by

- a. MRI
- b. Computed tomography
- c. Panoramic view
- d. Plain x ray
- e. a and b

Oral Medicine

65. Hyper mobility of mandible

- a. Long term hyper mobility can cause the articular disk to elongate and degenerate
- b. Results in deviation of the jaw away from the affected side
- c. Results in deviation of the jaw toward the affected side
- d. a and b
- e. a and c

66. Miosis, ptosis and lacrimation are characteristics of

- a. Geniculate neuralgia
- b. Pharyngeal neuralgia
- c. Cluster headache (CH)
- d. Paroxysmal hemicranias
- e. c and d

67. Anterior disk displacement without reduction

- a. May result in osteoarthritis.
- b. Ankyloses
- c. Crepitus
- d. Sever pain
- e. All the above

68. Joint sounds

- a. Click alone Sign of temporomandibular disorder
- b. Unilateral popping (crepitus) is a sign of rheumatoid arthritis
- c. Bilateral popping (crepitus) is a sign of rheumatoid arthritis
- d. Unilateral popping (crepitus) is a sign of osteoarthritis
- e. C and D

